

# Certification Application

DROPOFF OR COLLECTION & COMMUNITY SERVICE PROGRAMS

**Mail to:** Department of Conservation • Division of Recycling • Certification Section  
801 K Street • MS 15-59 • Sacramento, CA 95814-3533  
**Questions?** Call: (916)324-8598



## Instructions

- *Print In Ink Or Type.*
- *Submit A Separate Form For Each Location Or Category.*
- *Indicate N/A For Any Items Which Are Not Applicable.*

## Office Use Only

App. # \_\_\_\_\_  
Category: ☐ Dropoff or Collection Program ☐ Community Service Program  
☐ Neighborhood Dropoff Program  
Certification No. \_\_\_\_\_  
☐ 2 year ☐ Probationary: Expiration \_\_\_\_\_

## OPERATOR INFORMATION

1)

Contact Person \_\_\_\_\_  
First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Title \_\_\_\_\_  
Organization Name \_\_\_\_\_  
Fictitious Business Name, If applicable \_\_\_\_\_  
Business Address \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone Number ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Fax \_\_\_\_\_

2) (Check one box)

### Type Of Organization

- a. ☐ Individual:
- b. ☐ Partnership: \_\_\_ General or \_\_\_ Limited **Submit copy of current partnership agreement.**
- c. ☐ Corporation: **Submit Articles of Incorporation and list of current corporate officers.**  
**Corporate # as filed with Secretary of State** \_\_\_\_\_  
\_\_\_\_ Profit or \_\_\_\_\_ Nonprofit (Select one)  
\_\_\_\_ Domestic or \_\_\_\_\_ Foreign (Select one) **If foreign, submit copy of certificate from California Secretary of State.**  
**Agent for service of process** \_\_\_\_\_
- d. ☐ Limited Liability Company: **Submit Articles of Organization, Statement of Information and operating agreement.**  
\_\_\_\_ Domestic or \_\_\_\_\_ Foreign (Select one) **If foreign, submit copy of certificate from California Secretary of State.**  
**Agent for service of process** \_\_\_\_\_
- e. ☐ Husband and Wife Co-Ownership: **Name of Spouse** \_\_\_\_\_
- f. ☐ Nonprofit Organization with State of California or Federal Tax Exempt Status.
- g. ☐ Government or Public Agency: \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ City & County \_\_\_\_\_ School \_\_\_\_\_ State \_\_\_\_\_ Federal  
**Submit governing board resolution authorizing this application.**
- h. ☐ Other (Explain): \_\_\_\_\_

3) Submit a copy of the fictitious business name statement, if applicable

4) Federal ID # (Employer ID#) \_\_\_\_\_  
**Corporations, partnerships and other organizations with paid employees must provide a Federal ID#.**



## OPERATOR INFORMATION (Continued)

- 5) Are you or this program **currently certified** by the Department of Conservation, Division of Recycling, in any category? ..... ☐ Yes ☐ No  
*If YES, Certification Number(s)* \_\_\_\_\_
- 6) Were you or this program **previously certified** by the Department of Conservation, Division of Recycling, in any category? ..... ☐ Yes ☐ No  
*If YES, Certification Number(s)* \_\_\_\_\_
- 7) Do you or this program have other applications **pending** with the Department of Conservation, Division of Recycling, in any category? ..... ☐ Yes ☐ No
- 8) Have you or this program **ever been denied** certification by the Department of Conservation, Division of Recycling, in any category? ..... ☐ Yes ☐ No
- 9) Do you speak English? ..... ☐ Yes ☐ No  
*If No, which language is spoken?* \_\_\_\_\_

## PROGRAM DESCRIPTION

- 10) Program Name \_\_\_\_\_
- 11) What types of empty beverage containers do you collect or accept?  
☐ Aluminum ☐ Glass ☐ Plastic ☐ Bimetal
- 12) Are you applying as a Neighborhood Dropoff Program? ..... ☐ Yes ☐ No  
*If yes, submit a copy of a letter of authorization from city, county, or city and county specifying the dropoff locations, and a regional map outlining the geographical area served.*  
*List the address of the dropoff location(s) served under the neighborhood dropoff program*  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 13) Do you have an established (or regular) route you follow to collect empty beverage containers? ..... ☐ Yes ☐ No
- 14) Do you have a regular schedule for collecting empty beverage containers? ..... ☐ Yes ☐ No
- 15) Do you collect empty beverage containers directly from bars, restaurants, hotels and motels? ..... ☐ Yes ☐ No  
*If yes, please list the name, address, phone and contact person for three of any of the following: bars, restaurants, hotels and motels where you collect.*  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 16) Do you collect empty beverage containers directly from office buildings, industrial/commercial buildings? ..... ☐ Yes ☐ No  
*If yes, please list the name, address, phone and contact person for three of any of the following: office buildings, industrial/commercial buildings where you collect.*  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 17) Where else do you collect empty beverage containers?  
☐ Streets/Alleys ☐ Apartment Complexes ☐ Parks/Recreation Areas ☐ Parking Lots ☐ Residential Garbage ☐ Transfer Station ☐ Landfill Disposal Site  
☐ Material Recovery Facility (MRF) ☐ Special Events ☐ Other (explain): \_\_\_\_\_

## PROGRAM DESCRIPTION (Continued)

18) Do you have donation bins at specific locations? ..... ☐ Yes ☐ No

If yes, how many? \_\_\_\_\_

If yes, where are your donation locations? (e.g., school, store parking lot, church, specific address, etc.)

19) Do you collect empty beverage containers at **residential** curbside under contract or with written acknowledgment by a local government agency? ..... ☐ Yes ☐ No

20) Do you separate beverage containers from mixed municipal waste under permit by a local government agency? ..... ☐ Yes ☐ No

**If yes, attach a copy of your current permit or formal acknowledgment of operation from the local government agency.**

21) Do you operate a dropoff or collection program located on federal land? ..... ☐ Yes ☐ No

☐ National Park

☐ Military Installation

☐ Other Federal Property

**If yes, submit authorization for State Inspectors to enter property.**

22) Do you pay refund value for the empty beverage containers? ..... ☐ Yes ☐ No

23) Do you pay scrap value for the empty beverage containers? ..... ☐ Yes ☐ No

24) Do you accept/collect containers only in California? ..... ☐ Yes ☐ No

## DECLARATION AND SIGNATURES

25) a. I agree to operate my program in compliance with the California Beverage Container Recycling and Litter Reduction Act, including all relevant regulations contained in Chapter 5 of Division 2 of Title 14 of the California Code of Regulations.

b. I declare under penalty of perjury under the laws of the State of California that all information on this application and supporting documents is true and correct and that I am authorized to sign this application.

**Note: Please refer to note below (\*) for information on who is eligible and required to sign this form.**

Executed at \_\_\_\_\_ on \_\_\_\_\_  
City County State (Month/ Day/Year)

Signature \_\_\_\_\_ Title \_\_\_\_\_

Printed Name \_\_\_\_\_ Residence Phone ( ) \_\_\_\_\_

Residence Address \_\_\_\_\_  
Address City State Zip Code

Vehicle License # \_\_\_\_\_ California Driver License # \_\_\_\_\_

Social Security # \*\* \_\_\_\_\_

Executed at \_\_\_\_\_ on \_\_\_\_\_  
City County State (Month/ Day/Year)

Signature \_\_\_\_\_ Title \_\_\_\_\_

Printed Name \_\_\_\_\_ Residence Phone \_\_\_\_\_

Residence Address \_\_\_\_\_  
Address City State Zip Code

Vehicle License # \_\_\_\_\_ California Driver License # \_\_\_\_\_

Social Security # \*\* \_\_\_\_\_

\* Who must sign affidavit: For Individuals-the applicant; Partnerships-each partner; Husband & Wife Co-ownerships-both husband & wife; Corporations, Limited Liability Companies, Government or Public Agencies-persons with authority to legally bind said entity to a contract (e.g., Executive Officer, Managing Member).

\*\* Providing the Social Security Number is voluntary in accordance with the Privacy Act of 1974 (PL 93-579). This information is used for applicant identification purposes. Authority: California Beverage Container Recycling and Litter Reduction Act (Public Resources Code Section 14500 et seq.).

## FOR INFORMATION ONLY

What other recyclable material(s) do you collect or accept?

- |   |                                      |   |  |  |                                    |
|---|--------------------------------------|---|--|--|------------------------------------|
| <input type="checkbox"/> Newsprint      | <input type="checkbox"/> White Paper | <input type="checkbox"/> Computer Paper | <input type="checkbox"/> Cardboard     | <input type="checkbox"/> Construction/Demolition | <input type="checkbox"/> Styrofoam |
| <input type="checkbox"/> Other Aluminum | <input type="checkbox"/> Scrap Metal | <input type="checkbox"/> Other Glass    | <input type="checkbox"/> Other Plastic | <input type="checkbox"/> Telephone Books         | <input type="checkbox"/> Magazines |
| <input type="checkbox"/> Auto Batteries | <input type="checkbox"/> Used Oil    | <input type="checkbox"/> Yard Waste     | <input type="checkbox"/> Oil Filters   | <input type="checkbox"/> Tin Cans                | <input type="checkbox"/> Tires     |
| <input type="checkbox"/> Mixed Paper    | <input type="checkbox"/> Steel       | <input type="checkbox"/> Copper         | <input type="checkbox"/> Iron          | <input type="checkbox"/> Toner Cartridges        | <input type="checkbox"/> Wood      |
|   |                                      |   |  | <input type="checkbox"/> Other _____             |                                    |
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